

DEC 27 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH42243
State File No. 10624
Registrar's No.

#117465

BIRTH NO.

REG. DIST. NO.

318

PRIMARY REG. DIST. NO.

1003

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, write RURAL and give township)
OR
TOWN St. Louis, Missouric. LENGTH OF
STAY (in this place)
75 years

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE

Missouri

b. COUNTY

c. CITY (If outside corporate limits, write RURAL and give township)
28 St. Louis 2209d. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)
St. Louis City Hospital #1d. STREET
ADDRESS (If rural, give location)
2327 Warren St. 63. NAME OF
DECEASED
(Type or Print)

a. (First)

WILLIAM

b. (Middle)

F

c. (Last)

FLOTTMAN

4. DATE
OF
DEATH(Month) (Day) (Year)
December 11, 1950

5. SEX

Male

O

6. COLOR OR RACE

White

7. MARRIED, NEVER MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

August 5 1875

9. AGE (In years
last birthday)

75

IF UNDER 1 YEAR
Months Days
IF UNDER 11 HRS.
Hours Min.10a. USUAL OCCUPATION (Give kind of work
done during most of working life, even if retired)
Punch Press Operator10b. KIND OF BUSINESS OR IN-
DUSTRY
Century Electric Co.

11. BIRTHPLACE (State or foreign country)

St. Louis, Missouri?

12. CITIZEN OF WHAT
COUNTRY?
U.S.A.

13a. FATHER'S NAME

Franz Flottmann

13b. MOTHER'S MAIDEN NAME

Anna Henzelmeier

14. NAME OF HUSBAND OR WIFE

Anna Flottmann

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)
No.16. SOCIAL SECURITY
NO.
493-09-1945

17. INFORMANT'S SIGNATURE OR NAME

Mrs. Anna Flottmann 2327 Warren St.

ADDRESS

18. CAUSE OF DEATH
Enter only one cause per
line for (a), (b), and (c)*This does not mean
the mode of dying, such
as heart failure, asthenia,
etc. It means the dis-
ease, injury, or complica-
tion which caused death.I. DISEASE OR CONDITION
DIRECTLY LEADING TO DEATH* (a)

ANTECEDENT CAUSES

Morbidity conditions, if any, giving
rise to the above cause (a) stating
the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not
related to the disease or condition causing death.INTERVAL BETWEEN
ONSET AND DEATH19a. DATE OF OPERA-
TION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21a. ACCIDENT
SUICIDE
HOMICIDE

(Specify)

21b. PLACE OF INJURY (e.g., in or about
home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP)

(COUNTY)

(STATE)

21d. TIME
OF
INJURY

(Month) (Day) (Year) (Hour)

21e. INJURY OCCURRED

WHILE AT
WORK ☐ NOT WHILE
AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12/10/50, 19, to 12/11/50, 19, that I last saw the deceased
alive on 12/11/50, 19, and that death occurred at 11:30am, from the causes and on the date stated above.

23a. SIGNATURE

(Degree or title)

23b. ADDRESS

1515 Lafayette Ave.,

23c. DATE SIGNED

12/11/50

24a. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24b. DATE

Dec. 14 1950

24c. NAME OF CEMETERY OR CREMATORY

Concordia Cemetery

24d. LOCATION (City, town, or county)

St. Louis, Missouri

(State)

DATE REC'D BY LOCAL
REG.
DEC 13 1950

REGISTRAR'S SIGNATURE

J. B. Farnster

25. FUNERAL DIRECTOR'S SIGNATURE

ADDRESS

BEIDERWIEDEN F.H. INC., 1936 St. Louis Ave.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

ml

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed..... *Max L. Warfel*

Licensed Embalmer No. *4170*

P. O. Address *1936 St. Louis Ave*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.